

*05/10 5/24/2*  
**PART B - ISSUE FEE TRANSMITTAL**

B

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)				
<p style="margin: 0;">KENYON &amp; KENYON 121 BROADWAY NEW YORK, NY 10004</p> <p style="margin: 0; text-align: right;"><i>Block 1</i></p>		<p>INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>				

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
07/242,730	09/09/88	020	HINDENBURG, M		395 03/15/90
First Named Applicant		WELWIRTH, ROBERT S.			

TITLE OF INVENTION **INTRAUTERINE SALTING APPARATUS (AS AMENDED)**

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	5163671	123-401.000	DB1	UTILITY	YES	\$310.00	06/15/90

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>KENYON &amp; KENYON</u>
	2 _____
	3 _____

090 PT 06/15/90 07242730 DO NOT ~~use~~ THIS SPACE **\$310.00 CK**

PG11315 06/20/90 07242730 11-0600 110 501 15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
<u>GYNELAB PRODUCTS</u>			
(2) ADDRESS: (City & State or Country)			
6416 Gainsborough Drive, Raleigh NC 27612			
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION			
North Carolina			
6b. The following fees should be charged to: (Minimum of 10)			
DEPOSIT ACCOUNT NUMBER <u>11-0600</u>			
(Enclose Part C)			
<input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> _____			
<input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)			

A.  This application is NOT assigned.

Assignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature or party in interest of record)

(Date)

6/18/90